## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Morishita et al.

Application No.: 09/869,475

Filed: June 28, 2001

For: GENE THERAPY FOR DIABETIC

ISCHEMIC DISEASE

Examiner: Brian A. Whiteman

Date: February 26, 2003

Art Unit: 1635

## CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on February 26, 2003 as First Class Mail in an envelope addressed to COMMISSIONER FOR PATENTS. WASHINGTON, J.C. 20231.

Susan Albert Siegel, Ph.D Agent for Applicant

TRANSMITTAL LETTER

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**COMMISSIONER FOR PATENTS** WASHINGTON, D.C. 20231

Enclosed is a Response to Paper No. 12 for the above application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED                              |                     |                         |    |                  |          |          |  |
|--|---------------------|-------------------------|----|------------------|----------|----------|--|
| For  | No. after amendment | No. paid for previously |    | Present<br>Extra | Rate     | Fee      |  |
| Total Claims                                   | 6                   | - 21*                   | =  | 0                | \$9.00   | \$ 0.00  |  |
| Indep. Claims                                  | 1                   | - 3**                   | _= | 0                | \$42.00  | \$ 0.00  |  |
| Mult. Dep. Claims Fee (if not previously paid) |                     |                         |    |                  | \$140.00 |          |  |
| One-month Extension of Time                    |                     |                         |    |                  | \$55.00  |          |  |
| Two-month Extension of Time                    |                     |                         |    |                  | \$205.00 | \$205.00 |  |
| Three-month Extension of Time                  |                     |                         |    |                  | \$465.00 |          |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT        |                     |                         |    |                  | \$205.00 |          |  |

<sup>\*</sup> greater of twenty or number for which fee has been paid.

Applicants petition for an extension of time for the number of months indicated above. If an

<sup>\*\*</sup> greater of three or number for which fee has been paid.

| $\overline{\cdot}$ | A check in the amount of \$205.00 is attached for the two-month extension fee.  |
|--------------------|---|
|                    | Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed. |
|                    | A Marked-up Version of Amended Claims and Specification Pursuant to 37 C.F.R. §§ 1.121(b)-(c) is attached.  |
| $\overline{}$      | Please return the enclosed postcard to confirm that the items listed above have been received.  |

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

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cc: Docketing